

Exhibitor Application

The Public's Health and the Law in the 21st Century Conference
Sheraton Midtown Atlanta Hotel at Colony Square - June 13-15, 2005

(Please type or print clearly)

Organization: _____
(AS LISTING SHOULD APPEAR IN CONFERENCE PUBLICATIONS)

Division/Program: _____

Contact Name: _____
(LAST) (FIRST) (MIDDLE)

Title: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone: (____) _____ Fax: (____) _____

Email Address: _____

Website: _____

Special Booth Needs/Request:

Names of Exhibit Personnel:
1) _____
2) _____

Exhibit Description:
Please provide a brief description of your organization/company.

Please fax or mail your application to:

Attn: Andrea Hines/ Tonya Roberts
Public Health Law Program
Centers for Disease Control and Prevention
4770 Buford Highway, Mailstop K36
Atlanta, Georgia 30341
Fax: 770-488-2420

All exhibit applications must be received and/ or postmarked by **May, 13, 2005**.

Conference Registration

Please register me for *The Public's Health and the Law in the 21st Century* conference.

| | <u>On or before May 10, 2005</u> | <u>After May 10, 2005</u> |
|-------------------|----------------------------------|---------------------------|
| Registration Rate | \$220 | \$270 |
| Member Rate* | \$175 | \$225 |
| One-Day Rate** | \$145 | \$195 |

* Rate is applicable to members of ASLME or to Public Health Law Association members.

** Please indicate which day you would like to attend by checking the day Monday Tuesday Wednesday.

SPECIAL RATE Available: Register & join ASLME at the same time & receive a discount. Rate includes The Public's Health and the Law in the 21st Century conference registration fee & a 1 year ASLME membership.

| | <u>On or before May 10, 2005</u> | <u>After May 10, 2005</u> |
|-----------------|----------------------------------|---------------------------|
| Register & Join | \$410 | \$465 |

I would like Continuing Legal Education Credits in the state of _____.

I would like Continuing Medical Education Credits.

I would like Continuing Nursing Education Credits.

I would like CECH for Certified Health Education Specialists.

Check Enclosed (make payable to the *American Society of Law, Medicine & Ethics*).

Charge my Credit Card. MasterCard Visa Discover AMEX

Card # _____ Exp. Date _____

Prefix _____ First Name _____ Middle _____ Last _____

Suffix/Degrees (MD, JD, RN, etc.) _____

Company/Organization _____

Title _____

Address _____

City/State/Zip/Country _____

Business Address _____

City/State/Zip/Country _____

My preferred mailing address is: Home Business

Email _____ Telephone _____ Fax _____

My total registration cost: \$ _____.

If you have special needs addressed by the Americans with Disabilities Act, notify ASLME at least 3 weeks prior to the program. ASLME reserves the right to cancel/reschedule any program due to an insufficient number of registrants or other unforeseen circumstances. Registration cancellations must be received in writing on or before May 25, 2005 & are subject to a \$50 processing fee. Refunds for this program will not be permitted after June 9, 2005. If you would like to send a substitute, call ASLME to arrange.

MAIL TO: American Society of Law, Medicine & Ethics,
765 Commonwealth Ave., Suite 1634, Boston, MA 02215
FAX: (617) 437-7596 or register ONLINE at: www.aslme.org/conferences